

ADMINISTRATIVE OFFICE OF THE UNITED STATES COURTS

TAPE ORDER

Read instructions on Back.

1. NAME		2. PHONE NUMBER		3. DATE	
4. MAILING ADDRESS		5. CITY		6. STATE	7. ZIP CODE
8. CASE NUMBER	9. CASE NAME		DATES OF PROCEEDINGS		
12. PRESIDING JUDICIAL OFFICIAL		10. FROM		11. TO	
		LOCATION OF PROCEEDINGS			
		13. CITY		14. STATE	
15. ORDER FOR					
<input type="checkbox"/> APPEAL		<input type="checkbox"/> CRIMINAL		<input type="checkbox"/> CRIMINAL JUSTICE ACT	
<input type="checkbox"/> NON-APPEAL		<input type="checkbox"/> CIVIL		<input type="checkbox"/> BANKRUPTCY	
		<input type="checkbox"/> IN FORMA PAUPERIS		<input type="checkbox"/> OTHER (Specify)	

16. TAPE REQUESTED (Specify portion(s) and date(s) of proceedings for which duplicate tape(s) are requested.)

PORTIONS	DATE(S)	PORTION(S)	DATE(S)
<input type="checkbox"/> VOIR DIRE		<input type="checkbox"/> TESTIMONY (Specify Witness)	
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)			
<input type="checkbox"/> OPENING STATEMENT (Defendant)			
<input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)		<input type="checkbox"/> PRE-TRIAL PROCEEDINGS (Specy)	
<input type="checkbox"/> CLOSING ARGUMENT (Defendant)			
<input type="checkbox"/> OPINION OF COURT			
<input type="checkbox"/> JURY INSTRUCTIONS		<input type="checkbox"/> OTHER (Specify)	
<input type="checkbox"/> SENTENCING			
<input type="checkbox"/> BAIL HEARING			

17. ORDER

	NO. TAPES	NO. COPIES	COSTS
<input type="checkbox"/> REFORMATTED DUPLICATE TAPE(S) FOR PLAYBACK ON A STANDARD CASSETTE RECORDER AT 1-7/8 INCHES PER SECOND			
<input type="checkbox"/> UNREFORMATTED DUPLICATE TAPE(S) FOR PLAYBACK ON A 4-TRACK CASSETTE RECORDER AT 1-7/8 INCHES PER SECOND			
<input type="checkbox"/> UNREFORMATTED DUPLICATE TAPE(S) FOR PLAYBACK ON A 4-TRACK CASSETTE RECORDER AT 15/16 INCHES PER SECOND			

CERTIFICATION (18. & 19.)
By signing below, I certify that I will pay all charges
(deposit plus additional) upon completion of the order.

ESTIMATE TOTAL

18. SIGNATURE		19. DATE	
PROCESSED BY		PHONE NO.	
ORDER RECEIVED	DATE	BY	DEPOSIT PAID
DEPOSIT PAID			TOTAL CHARGES
TAPE DUPLICATED			LESS DEPOSIT
ORDERING PARTY NOTIFIED TO PICK UP TAPE			TOTAL REFUNDED
PARTY RECEIVED TAPE			TOTAL DUE

(All Previous editions of this form are cancelled and should be destroyed.)

WHITE -COURT COPY

GREEN. ORDER RECEIPT

PINK -ORDER COPY

INSTRUCTIONS

GENERAL

Use. Use this form to order duplicate tapes of proceedings. Complete a separate order form for each case number for which tapes are ordered.

Completion. Type or print with a ballpoint pen. Complete items 1-19: **Do not** write in shaded areas which are reserved for the court's use.

Order Copy. Keep Part 3 for your records.

Mailing **or Delivering to the** Court. Mail or deliver Parts 1 and 2 to the Office of the Clerk of Court.

Deposit Fee. For orders of 20 or more tapes, the court will notify you of the amount of the required deposit fee which may be mailed or delivered to the court. Upon receipt of the deposit, the court will process the order.

Delivery Time. Delivery time is computed from the date of receipt of the deposit fee (if requested, otherwise computed from the court's receipt date).

Completion of Order. The court will notify you when the tapes are completed.

Balance Due. If the deposit fee were insufficient to cover all charges, the court will notify you of the balance due which must be paid prior to receiving the completed order.

SPECIFIC

Items 1-19. These items should always be completed.

Item 8. Only one case number may be listed per order.

Item 15. Place an "X" in each box that applies.

Item 16. Check specific portion(s) and list specific date(s) of the proceedings for which a copy is requested.

Item 17. Place an "X" in each box that applies. Indicate the number of additional copies ordered.

Item 18. Sign in this space to certify that you will pay all charges upon completion of the order. (This includes the deposit plus any additional charges.)

Item 19. Enter the date of signing.

Shaded Area. Reserved for the court's use.